



**RESPONSE UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 1722
Docket No.: 1785.1013**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

Koichi NISHIMURA et al.

Serial No. 10/804,017

Group Art Unit: 1722

Confirmation No. 8200

Filed: March 19, 2004

Examiner: Maria Veronica Ewald

For: MOLDING MACHINE

AMENDMENT AFTER FINAL REJECTION

Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Attention: **BOX AF**

Sir:

This is in response to the final Office Action mailed December 5, 2005, and having a period for response set to expire on March 5, 2006.

Reconsideration of the claims is respectfully requested. The following remarks are respectfully submitted.



AF IPW

S&H Form: (02/05)

REPLY/AMENDMENT FEE TRANSMITTAL	Attorney Docket No.	1785.1013	
	Application Number	10/804,017	
	Filing Date	March 19, 2004	
	First Named Inventor	Koichi NISHIMURA et al.	
	Group Art Unit	1722	
AMOUNT ENCLOSED	0.00	Examiner Name	Maria R. Ewald

FEE CALCULATION (fees effective 12/08/04)					
CLAIMS AS AMENDED	Claims Remaining After Amendment	Highest Number Previously Paid For	Number Extra	Rate	Calculations
TOTAL CLAIMS	8	- 20 =	0	X \$ 50.00 =	\$ 0.00
INDEPENDENT CLAIMS	2	- 3 =	0	X \$ 200.00 =	0.00
Since an Official Action set an <u>original</u> due date of <u>March 5, 2006</u> , petition is hereby made for an extension to cover the date this reply is filed for which the requisite fee is enclosed (1 month (\$120)); (2 months (\$450)); (3 months (\$1,020)); (4 months					
If Notice of Appeal is enclosed, add (\$500.00)					
If Statutory Disclaimer under Rule 20(d) is enclosed, add fee (\$130.00)					
Information Disclosure Statement (Rule 1.17(p)) (\$180.00)					
Total of above Calculations = \$ 0.00					
Reduction by 50% for filing by small entity (37 CFR 1.9, 1.27 & 1.28)					
TOTAL FEES DUE = \$ 0.00					
(1) If entry (1) is less than entry (2), entry (3) is "0".					
(2) If entry (2) is less than 20, change entry (2) to "20".					
(4) If entry (4) is less than entry (5), entry (6) is "0".					
(5) If entry (5) is less than 3, change entry (5) to "3".					

METHOD OF PAYMENT	
<input type="checkbox"/>	Check enclosed as payment.
<input type="checkbox"/>	Charge "TOTAL FEES DUE" to the Deposit Account No. below.
<input checked="" type="checkbox"/>	No payment is enclosed.

GENERAL AUTHORIZATION	
<input checked="" type="checkbox"/>	If the above-noted "AMOUNT ENCLOSED" is not correct, the Commissioner is hereby authorized to credit any overpayment or charge any additional fees necessary to: Deposit Account No. <u>19-3935</u> Deposit Account Name <u>STAAS & HALSEY LLP</u>
<input checked="" type="checkbox"/>	The Commissioner is also authorized to credit any overpayments or charge any additional fees required under 37 CFR 1.16 (filing fees) or 37 CFR 1.17 (processing fees) during the prosecution of this application, including any related application(s) claiming benefit hereof pursuant to 35 USC § 120 (e.g., continuations/divisionals/CIPs under 37 CFR 1.53(b) and/or continuations/divisionals/CPAs under 37 CFR 1.53(d)) to maintain pendency hereof or of any such related application.

SUBMITTED BY: STAAS & HALSEY LLP			
Typed Name	Thomas E. McKiernan	Reg. No.	37,889
Signature		Date	02/19/06